



CONGRESSMAN ED WHITFIELD- FIRST DISTRICT OF KENTUCKY

PRIVACY RELEASE FORM

I am seeking the assistance of Congressman Ed Whitfield with the federal government. I authorize the release of confidential information regarding my situation that is protected by the federal PRIVACY ACT OF 1974.

Please Print All Information.

Name: _____ **Date of Birth:** ____/____/____

Social Security Number: ____ - ____ - ____ **County:** _____

Address (Street and Home Number): _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Phone Number:** _____

Case Number (Social Security Claim, IRS Claim, Veterans Case Claim, INS Claim, etc): _____

Federal agency for which you are requesting assistance: _____

Please describe your situation and the current status of your claim in the area below:

(Continue on another page if necessary)

Signature of Constituent: _____ **Date:** ____/____/____

Please send this form to the address or fax it to the number below:

Hopkinsville District Office
1403 SOUTH MAIN STREET | HOPKINSVILLE, KY 42240 | PHONE: (270)-885-8079
TOLL FREE: 1-800-328-5629 | FAX: (270) 885-8598